

EPI Update for Friday, June 22, 2012
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Very busy week with possible foodborne diseases**
- **States using electronic medical records to track epidemics**
- **Slipping, tripping, and falling – reducing the risk to healthcare workers**
- **Meeting announcements and training opportunities**

Very busy week with possible foodborne diseases

While investigations are ongoing, this seemed to be “foodborne diseases week” in Iowa, with a possible case of botulism; campylobacter illness, probably associated with raw milk; salmonella illnesses causing hospitalizations, possibly associated with incorrectly handled meat; hepatitis A in a food handler who makes sandwiches (but with no diarrhea, good hand hygiene and appropriate glove use, so no risk of spread to the public); listeriosis in a young woman from a source that is unknown at this time; and more.

While some of these may not turn out to be true foodborne diseases, epidemiologists at the county and state level, environmental health and agriculture officers, and laboratorians have been working hard this week to ensure the safety of food in Iowa. More information will be included in next week's EPI Update.

Using electronic medical records to track epidemics

IDPH has been receiving electronic laboratory reports from the State Hygienic Laboratory (SHL) since December 2004. Receiving electronic information, as opposed to paper-based reporting, helped CADE efficiently manage the 2006 mumps and the 2009 H1N1 outbreaks, even though reporting volumes increased dramatically. Implementation of the Iowa Disease Surveillance System (IDSS) in 2008, and the subsequent development to feed SHL results directly into the system in 2010, decreased the lag time between a positive lab report received by IDPH and notification of a local public health investigator from several hours to 10 minutes or less. This increases the speed, sometimes by days, by which the investigation can identify the source of an infection and prevent further spread.

IDPH is currently working on several projects to replicate the electronic laboratory reporting exchange with SHL to other Iowa hospital and laboratory facilities, as well as with regional and national laboratories. These projects will allow large-scale, statewide electronic laboratory reporting to IDPH, resulting in the same benefits other states and cities have experienced.

The media is picking up on this. See a recent New York Times article at www.nytimes.com/2012/06/19/health/states-using-electronic-medical-records-to-track-epidemics.html?_r=1&partner=rss&emc=rss.

Slipping, tripping, and falling – reducing the risk to healthcare workers

The healthcare industry is the largest employer in the United States, with an estimated 15.7 million workers. According to the US Census Bureau, Iowa had 136 hospitals with 68,547 paid employees and 1,189 nursing and residential care facilities with 55,546 paid employees in 2009.

Slip, trip, and fall (STF) events are the second leading cause of worker compensation claims in hospitals. In 2010, a total of 12,400 STF events accounted for 21 percent of all work-related injuries in hospitals requiring at least one day away from work. The US Bureau of Labor Statistics reported the incidence rate of lost-workday injuries from same-level STFs in hospitals was 73 percent higher than the average rate of STF events for workers in private industry.

Healthcare providers can reduce the risk of slip, trip, or fall injuries by utilizing recommendations from the National Institute for Occupational Safety and Health (NIOSH). For more information, visit www.medscape.com/viewarticle/765348?src=mp&spon=38. For the full NIOSH report, go to www.cdc.gov/niosh/docs/2011-123/pdfs/2011-123.pdf.

Meeting announcements and training opportunities

None

Have a healthy and happy week, and keep cool!

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